

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

2010 OCT 29 AM 11:49

COMMITTEE NAME (Must be same as on Statement of Organization)

SHOW SHOT FOR IOWA HOUSE

IMPORTANT: Indicate by # type of committee you are reporting for: ☒ (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

PAUL SHOW SHOT - 1490 ID

Political Party (if applicable)

DEMOCRAT

Office Sought

IOWA HOUSE

District (if Senate or House)

100

FORM DR-2 (Rev. 12/2009)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>1490</u>
Logged In	<u>SW</u>
Scanned	
Computer	
Audited	

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Paul Show Shot

SIGNATURE OF PERSON FILING REPORT

712-325-0638

TELEPHONE

10/29/2010

DATE SIGNED

I AM FILING A FRIDAY PRECEDING GENERAL REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

(report date)

Indicate by # ☐

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

14,221.57

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

7,525.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

21,746.57

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

12,500.00

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

9,246.57

**UNPAID BILLS (From Schedule D - Attach Schedule D)

-0-

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

5,826.50

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

-0-

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES X NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

-0-

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN.

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

SHOMSHOF FOR IOWA HOUSE

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10/23/10	ID# CK# 1061	ABSOLUTE ENERGY PAC 1372 ST. LW. RD. ST. AUGUSTIN IA 50472		\$ 400.00	<input type="checkbox"/>
10/23/10	ID# CK# 1025	PLYMOUTH ENERGY LLC PAC 22739 K-42 MIRABIL IA 51308		50.00	<input type="checkbox"/>
10/23/10	ID# CK# 1039	WESTERN IA DMBURGH BD PAC BOX 82 FARLEY IA 52046		200.00	<input type="checkbox"/>
10/23/10	ID# CK# 1031	STRE PAC 10868 187TH ST. COUNCIL BLUFFS IA 51503		100.00	<input type="checkbox"/>
10/23/10	ID# CK# 1116	SIOUXLAND ENERGY PAC 3090 GARFIELD AVE SIOUX CENTER IA 51250		200.00	<input type="checkbox"/>
10/23/10	ID# CK# 3073	LSCP PAC 4808 F AVE MARSH IA 51035		400.00	<input type="checkbox"/>
10/23/10	ID# CK# 1222	GOLDEN GROVE ENERGY PAC 1022 43RD ST SW MASON CITY IA 50401		600.00	<input type="checkbox"/>
10/23/10	ID# CK# 178	MIDWEST GRAIN PROCESSORS PAC 1660 428TH ST LAKOTA IA 50451		100.00	<input type="checkbox"/>
10/23/10	ID# CK# 3064	AMAZING ENERGY PAC 2404 W HWY 30 DENISON IA 51442		175.00	<input type="checkbox"/>
10/23/10	ID# CK# 1087	LINCOLN WAY ENERGY PAC 59511 W LINCOLN HWY CANADA IA 50801		300.00	<input type="checkbox"/>
SUB-TOTAL				\$ 2,225.00	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 3
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)		MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM		

COMMITTEE NAME (Must be same as on Statement of Organization)

SH OUSHOR FOR IOWA HOUSE

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND-RAISER INCOME
10/23/10	ID# CK# 1072	WESTERN IA EMPLOY PAC Box 399 WALL LAKE IA 51466		\$ 100.00	<input type="checkbox"/>
10/23/10	ID# CK# 2673	KATHLEEN WEBER 3213 HWY 8 DYSART IA 52224		100.00	<input type="checkbox"/>
10/23/10	ID# CK# 1122	MARY ANN KNUPP 2170- 200TH ST WASHINGTON IA 52253		100.00	<input type="checkbox"/>
10/23/10	ID# CK# 1150	MIDWEST PAC 1636 NW 114TH ST CLIVE IA 50725		100.00	<input type="checkbox"/>
10/23/10	ID# 6070 CK# 4855	IOWA LAB PAC 675 E. COURT AVE DES MOINES IA 50309		200.00	<input type="checkbox"/>
10/23/10	ID# CK# 2844	HARRIS PAC ONE HARRIS - COURT LAS VEGAS NV 89119		200.00	<input type="checkbox"/>
10/23/10	ID# CK# 4570001394	NATIONWIDE ANZAC PAC 1100 LOCUST AVE DES MOINES IA 50391		250.00	<input type="checkbox"/>
10/23/10	ID# CK# 024415	NRA POLITICAL VICTORY FUND 11250 WAPLES MILL RD FAIRFAX VA 22030		250.00	<input type="checkbox"/>
10/23/10	ID# 9743 CK# 195	IOWA TURKEY FEDERATION PAC Box 825 AMES IA 50010		300.00	<input type="checkbox"/>
10/23/10	ID# CK# 8123	KOCH PAC 600 14TH ST NW-800 WASHINGTON DC		400.00	<input type="checkbox"/>

SUB-TOTAL

\$2,000.00

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

Reset Form

SCHEDULE A (Rev. 07/03)		MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM		

COMMITTEE NAME (Must be same as on Statement of Organization)

SIAMSHOR FOR IOWA HOUSE

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 688.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10/23/10	ID# CK# 3047	WILLIAM LEAVER 8409 624 HWY ZANDANOLA 50125		\$ 500.00	<input type="checkbox"/>
10/23/10	ID# CK# 2576	AMBRISTOP PAC Box 363 Council Bluffs IA 51502		500.00	<input type="checkbox"/>
10/23/10	ID# CK# 1140	STEAM FITTERS 464 PAC Box 45472 OMAHA NE 68145		500.00	<input type="checkbox"/>
10/23/10	ID# CK# 2001	WELL PAC Box 9232 Des Moines IA 50306		500.00	<input type="checkbox"/>
10/23/10	ID# CK# 1045	EDUCATIONAL OPPORTUNITIES PAC Box 12039 Des Moines IA 50312		1,000.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 3,000.00

TOTAL (If last page of this schedule)

\$ 7,525.00

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

SHUMSHOR FOR IOWA HOUSE

DATE EXPENDED (MM/DD/YYR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/23/10	ID# CK# 1102	IOWA DEMOCRATIC PARTY 5661 FLEUR DRIVE DES MOINES IA 50301		\$7,500.00
10/23/10	ID# CK# 1103	IOWA DEMOCRATIC PARTY 5661 FLEUR DRIVE DES MOINES IA 50301		5,000.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$12,500.00
TOTAL (If last page of this schedule)				\$12,500.00

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(f).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

SHOPSHOP FOR IOWA HOUSE

SCHEDULE
E
(Rev. 06/97) IN-KIND
CONTRIBUTIONS

☐ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (If applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
10/23/10	IOWA DEMOCRATIC PARTY 5661 FLEUR DRIVE DES MOINES IA 50321		PRINTING MAILING POSTAGE	\$ 2,913.50	<input type="checkbox"/>
10/23/10	IOWA DEMOCRATIC PARTY 5661 FLEUR DRIVE DES MOINES IA 50321			2,913.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$
5,826.50

TOTAL (If last
page of this
schedule) \$
5,826.50

Page 1 of 1
(for Schedule E)

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.